JOEL DILLARD, PA
REPRESENTING MISSISSIPPI WORKERS
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March 3, 2017

Education Administrator
Graduate Medical Education
Terri D.Jones
2500 North State St.
Jackson, Ms 39216
tdjones@umc.edu

Dean LouAnn Woodward, MD
2500 North State St.
Jackson, Ms 39216
Fax: 601-984-6962

Cc: Mark D. Ray, Esq.

RE: Appeal of Joseph E. Papin, IV, M.D.

Dear Dean Woodward,

I am concerned about the recent decision to terminate the residency of Dr. Papin, my client, who has been working in trauma. I write to appeal this decision as provided in the UMMC policies and procedures for the residency program.

On January 10, 2017, Dr. Papin was placed on formal remediation and given 60 days in which to demonstrate improvement. However, he was also placed on administrative leave, and given no opportunity to actually demonstrate improvement. Thereafter, on or about February 20, 2017, Dr. Papin was called back into work for the sole purpose of terminating his residency.

Dr. Papin was never given an opportunity to demonstrate improvement in remediation, was never placed on probation, and was otherwise not accorded the procedural protections promised to him by the University in its published policies.[1]

Again, this letter is to serve as notice that I am representing Dr. Papin, and as his formal request to appeal the decision to terminate his residency.

Joel F. Dillard, Esq.

Joel Dillard

[1] No adequate reason has been given for singling Dr. Papin out for treatment out of accord with policy governing resident remediation, and I am currently investigating whether other factors - including his ethnicity (hispanic), and sex (male) - may have played a role.

Molly A. Brasfield

From: Truman M. Earl
Sent: Friday, January 13, 2017 12:49 PM
To: Molly A. Brasfield
Subject: FW: Meeting with Joe Papin Today

Categories: To Do

Mark

From: Truman M. Earl
Sent: Tuesday, December 20, 2016 3:39 PM
To: Renee Greene <rgreene@umc.edu>
Cc: Truman M. Earl <tearl@umc.edu>
Subject: Meeting with Joe Papin Today

Renee
At our meeting with Joe today we discussed the recurring issues of professionalism that have been present through much of the first 6 months of his residency. These are well documented in his evaluations and I have gotten feedback from nurses, co-residents, and staff regarding his behavior. Specific examples of this behavior are:

1) Unwillingness to help with tasks
2) Leaving the hospital during duty hours (to exercise)
3) Condescending tone to nurses and fellow residents
4) Leaving clinics without telling anyone
5) Poor inter-professional communication

I have addressed each of these issues with Joe and it seems to not be improving despite meeting with him several times. I have explicitly instructed him that I must see improvement in his professional behavior as manifest through faculty and resident evaluations. Additionally, I told him I would be soliciting feedback regarding his performance from nurses, residents and faculty. He voiced understanding that he must treat everyone with respect, communicate with his colleagues and he must get permission to leave work during duty hours.

Truman M. Earl, MD, FACS
Associate Professor of Surgery
Division of Transplant and Hepatobiliary Surgery
Program Director, General Surgery Residency
University of Mississippi Medical Center
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University Transplant

Truman M. Earl, MD MSCI
Associate Professor of Surgery
Division of Transplant and Hepatobiliary Surgery
Program Director, General Surgery Residency

February 22, 2017

Re: Joseph Papin

To who it may concern:

Joseph Papin MD was a surgical resident from July 1, 2016 – February 22, 2017. On January 11 2017 he was placed on administrative leave due to ongoing reports of unacceptable performance within the domains of professionalism, systems based practice, and practice based learning and improvement. The concerns and documentation were reviewed by the GME office and his case was reported to Human Resources. After review by HR and Legal, termination for cause was recommended. Dr. Papin was terminated on February 22, 2017.

Yours sincerely,

Truman M. Earl, M.D.
Program Director, General Surgery Residency
Associate Professor of Surgery
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Renee Greene

From: Truman M. Earl
Sent: Monday, August 01, 2016 8:04 AM
To: Renee Greene
Subject: Fwd: Intern Issues - confidential -

FYI

Truman M. Earl MD, FACS
Division of Transplant and Hepatobiliary Surgery
University of Mississippi Medical Center
Sent from my iPhone

Begin forwarded message:

From: "Ines H. Berger" <iberger@umc.edu>
Date: July 29, 2016 at 6:52:56 PM CDT
To: "Truman M. Earl" <tearl@umc.edu>, "Jay G. Shake" <jshake@umc.edu>
Subject: Intern Issues - confidential -

There are several different issues:

1. The role expectations/perceptions did not match on both sides. Joe likes to go to the OR after rounds to learn more about surgeries - the NP's ask him to pull a chest tube or want to teach him how to wire an aline or pull a balloon pump while he really wants to go to the OR. The perception of the NP's was that he is arrogant from statements like "You are not my boss. I am a surgeon" when they ask him to help or want to teach. As he does not check in with them, they assume he is gone or does not want to help until he comes back for pm rounds. The CVICU NP's have no record of problems with residents. Joe is the first intern in the CVICU, the previous residents were PGY3 Anesthesia residents with a lot more experience. Joe was not accustomed to have NP's being able to run the day to day operations of a CVICU.

2. I talked to Don, who did not give Joe a CVICU policy at the beginning of the rotation, he got it today after the coffee incident, therefore Joe did not know about it.

3. Today Joshua and Joe had a big argument, which I did not witness but heard about from both of them. Marita had to step in to de-escalate.

4. I did talk to Joe this afternoon -We talked about perception and that it appears things have gone the wrong direction, the role of NP's, how to set oneself up for success as an intern, and expectations of surgical teams. We also talked about no food/coffee in patient rooms. Joe told me that the incident with Joshua almost escalated into a physical fight and that Joshua made him feel apprehensive and that he had already reported the incident.

We talked together to Marita and Joe expressed that he certainly appreciates the help to learn and Marita expressed that the NP's are committed to help him learn.

Joe is a bright and motivated young doctor. He wants to do his best and he has a bright future. He has a lot of potential. He will benefit from a mentor who can help him to navigate the system and get him off to a good start.

The incident between Joshua and Joe will need to be looked into by the appropriate people, as it constitutes a potential hostile work environment

Ines

From: Truman M. Earl
Sent: Friday, July 29, 2016 4:07 PM
To: Jay G. Shake <jshake@umc.edu>
Cc: Ines H. Berger <iberger@umc.edu>
Subject: Re: Intern Issues

I've heard of issues recently as well though they are far from clear. I'll meet with him first thing Monday to get his take as I think this may not all be on him (other than the coffee thing which is just dumb). Jay, can you and I chat about it early next week?

Truman M. Earl MD, FACS
Division of Transplant and Hepatobiliary Surgery
University of Mississippi Medical Center
Sent from my iPhone

On Jul 29, 2016, at 3:21 PM, Jay G. Shake <jshake@umc.edu> wrote:

> Dear Ines,
>
> Thanks for the heads up. Others have already filled me in with their various issues.
>
> I will chat with him when I get a chance next week.
>
> Jay G. Shake, MD, MS, FACS
> Sent from my iPhone
>
> On Jul 29, 2016, at 12:51 PM, Ines H. Berger <iberger@umc.edu> wrote:
>
> > Jay,
> >
> > I just wanted to bring to your attention that Dr. Joe Pappin (our intern) had fallouts with all 4 CVICU NP's this week. There has been also issues with the pharmacist. He also had a problem with Don this morning when he took his coffee into a patients room.
> >
> > FYI

Renee Greene

From: Colin B. Muncie
Sent: Tuesday, January 03, 2017 1:32 PM
To: Renee Greene
Subject: Call Event

I had an event over the weekend involving resident Joe Papin. When delegated the task of admitting a trauma patient to the ICU he failed to notify the ICU of the patient being admitted to their service. He was specifically instructed to enter orders and communicate to the ICU. I was informed by another resident at the end of the shift that the ICU was surprised and had not been notified that the patient was coming. When I confronted Joe over the phone he confidently told me that he had talked to someone in the resident room but he could not tell me who it was. Nor could he ever figure out who he had spoken with. I spoke with the ICU NP and after she talked to everyone who had been on that day it was confirmed that he had not spoken to anyone with the ICU team.

Colin

Colin B. Muncie
Peds Surg Research Fellow
PGY-IV General Surgery
University of Mississippi Medical Center

Renee Greene

From: William Crews
Sent: Tuesday, January 03, 2017 1:58 PM
To: Renee Greene
Subject: Concern about a trainee

Hey Mrs. Greene

I have spoken with Dr. Mahoney about a recent experience I've had with a surgical intern named Joe Papin. I was told this would be a confidential way of reporting my concerns. I will start off by saying that I've never had a problem with any of the residents during my entire third year, I've never really given a bad evaluation with anyone, and I understand that different personalities can collide but patients are still treated and work still gets done. I only worked with Joe on one rotation and we never had any real confrontation but I saw things that alarmed me. He seemed to always show up right before rounds without actually seeing any of his patients and I understand that happens but he would lie to the residents about things that he had done. If there were moments when he was caught doing the wrong thing he would blame the medical student for his own error. It seemed like he didn't really care whether the patients were actually being taken care of or not. I don't say this to try to ruin someones career but I say this out of conviction and for the sake of patient care.

Renee Greene

From: Meagan E. Mahoney
Sent: Tuesday, January 10, 2017 1:16 PM
To: Truman M. Earl; Renee Greene
Subject: Trauma surgery resident

Dr. Earl and Renee,

Joe Papin was the intern on the trauma service during the month of December. As the chief of the service, I noticed several behavior patterns that raised red flags and should be addressed in my opinion.

I sent an email at the beginning of the month outlining my expectations and then spoke with them the first day so he knew my expectations from day 1. I noticed several things by the end of the first week that I felt he should work on. He thanked me for the input and said that he had not received any "feedback" until then; however, I had to pull him aside several more times to speak with him--even during rounds with the attending. Talking to Joe felt like it was becoming an everyday thing. I even had to come up with a numbering system so that I could point out to him what behavior/action he was expressing without having to call him out in front of people. It addressed issues such as attention to detail (ie trying to discharge patients without criteria being met--such as being of IV pain meds like a ketamine infusion), knowing his patients (often did not know basic details during rounds), and being rude.

Below are specific examples of things I encountered working with him....
1) Joe sent a text saying he was "going for a run" if that was ok with me. I didn't see it for half an hour but later had to explain to him that it was not ok because he was at work, first call for a busy service, and that we didn't know when traumas might come in. His response was that he was just kidding.

2) I was told by the night team and our second year that Joe didn't respond to a code that occurred at sign outs. When I talked to him about it, he said that he heard the code called overhead as he was leaving the lounge but that he had signed out so he left. The code occurred on a floor that is saturated with trauma patients so I felt he should have called to see if it was his patient, which it was. He showed no signs of concern for the patient when he did find out and was aggressive in his texts to the night intern who told him about the patient.

Getting out of here as fast as possible seemed to be a theme with him throughout the month. During afternoon rounds, he would often sigh or get an attitude when I asked him to do something. He used the excuse "that isn't my patient" as well.

3) I was told he wasn't logging cases at the beginning of the month so sent him to Renee's office to do it. I asked him a couple more times throughout the month if he had been logging his cases. He said he had. The last time I asked him he went so far as to say that he had more non-op traumas logged than any of the other residents in his year. I later found out he had not logged anything since the day in Renee's office.

4) Multiple nurses on 3 north asked to speak with me about his behavior towards them. I've had them talk to me in the past about residents not responding fast enough or an isolated attitude issue but never to the degree that they spoke about him. The biggest issue was they felt he didn't care about the patients and that he was constantly rude to them. The charge nurse pulled me aside at the beginning of the month to further voice complaints from the holidays. Another nurse asked what we were talking about. She responded simply with "Papin" and that nurse proceeded to tell me her issues. When I told them he wouldn't be here this month, they turned around and told that to 5 other nurses, who all raised their arms in the air. My point being it wasn't just one or two disgruntled nurses who had problems.

5) Our med student came to me and said Joe was not seeing patients before rounds even though he was telling the chief during the holidays that he had.

-- I know these aren't personal experiences, but it says a lot to me when someone takes the time to seek me out to make sure I know about someone.

6) I have a rule that back sides and nutrition labs have to be checked every Monday. For two weeks, Joe told me that a certain patient did not have any skin changes. Wound care saw a patient a reported a sacral decub wound that they felt needed to be debrided. It wasn't until they placed a note that Joe told me the guy had a wound. Turned out to be a significant stage IV that ended up requiring a diverting ostomy. I don't see how it could have changed from nothing to what it was when I saw it over the course of a couple of days. I feel he lied about seeing it.

These are just a couple of examples I could think of. I felt like there should have been some measurable improvement as many times as I talked to him and showed him ways he could do/handle things better. There was none. By the end of the month, I also felt like I could not trust him. Bottom line, based on my observations, I don't believe he is a good, safe, or trustworthy resident or that he'll show any improvement.

Thank you,
Meagan Mahoney

Renee Greene

From: ashley griffin <lag927@gmail.com>
Sent: Monday, January 09, 2017 1:21 PM
To: Renee Greene
Subject: [EXTERNAL]

You probably have most of these incidences already.

-Left during a code while I was on night float. Code occurred at appx 5:59 pm. Joe said he was at his car at 601 when he found out it was his patient in the garage and proceeded to leave. He did hear the code called over head prior to 6 pm.

-He did not show up on time to pre round prior to start of shift during holidays or to get sign out prior to completeion of trip.

-he did not go to traumas during the dayduring holidays

-he tried to send a patient home (walking to car) whose car was across the street at the VA despite several nurses to telling him the patient was not competent

-he made the female trauma student incredibly uncomfortable and preferentially chooses and favors her over male. He tries to be be alone with the female student as well.

-He tried to round with staff without having seen patients

Renee Greene

From: ashley griffin <lag927@gmail.com>
Sent: Tuesday, January 10, 2017 5:34 AM
To: Renee Greene
Subject: [EXTERNAL] Another transgression

Was told to washout a massive wound on trauma patient in ICU and didn't do it. He left leaving sid and later me to do it

Sent from my iPhone

Resident Milestone Evaluation: Mid-Year 2016-2017

Program: **University of Mississippi Medical Center Program 4402721165 - Surgery**

Resident: **Joseph Papin** Date Evaluation Completed: **November 08, 2016 (Mid-Year)** Resident Year in Program: **1**

This form documents the most recent resident attainment of the milestones within each of the competencies as formally observed. Evaluation of the resident's developmental progression is based on numerous formative evaluations and the overall judgment of the resident's performance by the Clinical Competency Committee.If the resident was evaluated in between developmental levels, the narrative of the lower level is displayed.

Competency	SubCompetency
Developmental Milestone Narrative	
1 Patient Care	Care For Diseases and Conditions (CDC) - PATIENT CARE (PC1)
Dr. Papin is at Level 1. This resident performs a focused, efficient, and accurate initial history and physical of a full spectrum of patients admitted to the hospital, including critically ill patients.	
2 Patient Care	Care For Diseases and Conditions (CDC) - PATIENT CARE (PC2)
Dr. Papin is not yet ready for Level 1.  This resident is unable to recognize or manage common postoperative problems such as fever, hypotension, hypoxia, confusion, and oliguria.	
3 Patient Care	Performance of Operations and Procedures (POP) - PATIENT CARE (PC3)
Dr. Papin is not yet ready for Level 1.  This resident lacks basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions and aseptic technique and is unable to reliably perform basic procedures, including venipuncture, arterial puncture, incision and drainage, minor skin, and excisions placement of an IV, nasogastric tube, or urinary catheter.	
4 Medical Knowledge	Care For Diseases and Conditions (CDC) - MEDICAL KNOWLEDGE (MK1)
Dr. Papin is at Level 1. This resident has a basic understanding of the symptoms, signs, and treatments of the "core" diseases in the SCORE curriculum and has basic knowledge about common surgical conditions to which a medical student would be exposed in clerkship.	
5 Medical Knowledge	Performance of Operations and Procedures (POP) - MEDICAL KNOWLEDGE (MK2)
Dr. Papin is at Level 1. This resident has a basic knowledge of the "core" surgical operations in the SCORE curriculum to which a medical student would be exposed in clerkship.	
6 Systems-Based Practice	Coordination of Care (CC) - SYSTEMS-BASED PRACTICE (SBP1)
Dr. Papin has critical deficiencies.  This resident does not have a basic understanding of the resources available for coordinating patient care, including social workers, visiting nurses, and physical and occupational therapists.	
7 Systems-Based Practice	Improvement of Care (IC) - SYSTEMS-BASED PRACTICE (SBP2)
Dr. Papin has critical deficiencies.  This resident does not demonstrate evidence that he or she considers how hospital and health care systems impact his or her practice. This resident does not demonstrate awareness of variation in practice within or across health care systems.	

Resident Milestone Evaluation: Mid-Year 2016-2017

Program: **University of Mississippi Medical Center Program 4402721165 - Surgery**

Resident: **Joseph Papin** Date Evaluation Completed: **November 08, 2016 (Mid-Year)** Resident Year in Program: **1**

Competency	SubCompetency
Developmental Milestone Narrative	
8 Practice-Based Learning and Improvement	Teaching (TCH) - PRACTICE- BASED LEARNING AND IMPROVEMENT (PBLI1)
Not Yet Assessable.	
9 Practice-Based Learning and Improvement	Self-directed Learning (SDL) - PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI2)
Dr. Papin is not yet ready for Level 1.	
This resident does not engage in self-initiated, self-directed learning activities.	
This resident does not complete simulation assignments. This resident is frequently absent for scheduled simulation exercises without a valid excuse.	
10 Practice-Based Learning and Improvement	Improvement of Care (IC) - PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI3)
Dr. Papin has critical deficiencies.	
This resident does not demonstrate interest or ability in learning from the results of his or her practice.	
This resident fails to recognize the impact of errors and adverse events in practice.	
11 Professionalism	Care for Diseases and Conditions (CDC) - PROFESSIONALISM (PROF1)
Dr. Papin has critical deficiencies.	
This resident displays undesirable behaviors, including **not** being polite or respectful, not respecting patient confidentiality and privacy, demonstrating lack of integrity, or failing to take responsibility for patient care activities.	
12 Professionalism	Maintenance of Physical and Emotional Health (MPEH) - PROFESSIONALISM (PROF2)
Dr. Papin is not yet ready for Level 1.	
This resident's behavior and/or physical condition concern me.	
This resident flagrantly and repeatedly violates duty hour requirements.	
13 Professionalism	Performance of Assignments and Administrative Tasks (PAT) - PROFESSIONALISM (PROF3)
Dr. Papin is not yet ready for Level 1.	
This resident consistently fails to meet requirements for timely performance of administrative tasks and/or requires excessive reminders, follow-up, etc.	
14 Interpersonal and Communication Skills	Care for Diseases and Conditions (CDC) - INTERPERSONAL AND COMMUNICATION SKILLS (ICS1)
Dr. Papin has critical deficiencies.	
This resident is not able to clearly, accurately, and respectfully communicate with patients and their families.	
This resident fails to effectively communicate basic health care information to patients and families.	

Resident Milestone Evaluation: Mid-Year 2016-2017

Program: **University of Mississippi Medical Center Program 4402721165 - Surgery**

Resident: **Joseph Papin** Date Evaluation Completed: **November 08, 2016 (Mid-Year)** Resident Year in Program: **1**

Competency	SubCompetency
Developmental Milestone Narrative	
15 Interpersonal and Communication Skills	**Coordination of Care (CC) - INTERPERSONAL AND COMMUNICATION SKILLS (ICS2)**
Dr. Papin has critical deficiencies.	
This resident displays disrespectful or resentful behaviors when asked to evaluate a patient or participate in a care conference with other members of the health care team.	
16 Interpersonal and Communication Skills	**Performance of Operations and Procedures (POP) - INTERPERSONAL AND COMMUNICATION SKILLS (ICS3)**
Dr. Papin has critical deficiencies.	
This resident does not communicate effectively with patients, hospital staff members, and/or the senior surgeon in the operating room.	

Resident Milestone Evaluation: Mid-Year 2016-2017

Program: **University of Mississippi Medical Center Program 4402721165 - Surgery**

Resident: **Joseph Papin** Date Evaluation Completed: **November 08, 2016 (Mid-Year)** Resident Year in Program: **1**

COMMENTS:

Program Director Signature

Resident Signature

Disclaimer: **For Program Use Only.**

The Milestones are designed only for use in evaluation of resident physicians in the context of their participation in ACGME accredited residency or fellowship programs. The Milestones provide a framework for the assesment of the development of the resident physician in key dimensions of the elements of physician competency in a specialty or subspecialty. They neither represent the entirety of the dimensions of the six domains of physician competency, nor are they designed to be relevant in any other context.

University of Mississippi Surgery

Analysis of Trainee Comments

Subject: Joseph E. Papin, IV
Time Period: 07/01/2016 to 01/13/2017
Time Period Type: Request Date
Report Date: 01/13/2017

To Trainee Performance

Sort By: ◉ Question ○ Subject

Surgery: Care for Diseases and Conditions	
The resident appropriately evaluates, diagnoses and develops a management plan (including initial evaluation and management of post-operative complications) commensurate with their level of experience.	
Subject: Joseph Papin, IV, PGY1	During outpatient clinic sessions, Joe did a very good job with initial evaluations of cardiac surgery patients--both pre-surgery and post-surgery.
Subject: Joseph Papin, IV, PGY1	Joe did a reasonable Job in clinic but he failed to demonstrate that he owned the care of the inpatients. He often did not seem to have a finger on the pulse of the patients situation. I often discovered issues and problems that I would have expected him to recognize.
Subject: Joseph Papin, IV, PGY1	basic skill and knowledge for patient care was lacking.
Surgery: Care for Diseases and Conditions	
The resident maintains professional demeanor, integrity and sense of responsibility in professional relationships and interactions.	
Subject: Joseph Papin, IV, PGY1	Seen as frequently avoiding duties, not present and accounted for during regular hours
Subject: Joseph Papin, IV, PGY1	In my personal interactions with Joe, I have not seen problems in this area, but I have had several negative reports from other, non-physician, members of our team. In particular, I've heard reports of things that were deemed "not my job" and incomplete follow-up with assigned tasks as well as general problems relating professionally to other non-physician team members.
Subject: Joseph Papin, IV, PGY1	Several team members commented on failure to develop rapport and trust with nurses and nurse practitioners. At times he was seen as dismissive and above doing certain work. I did not see this personally but heard back from team members. I am afraid that if this is an ongoing issue, he will undermine his ability to be a good team leader as he rises in the program. He needs to develop some awareness and insight on how he is perceived by others.
Subject: Joseph Papin, IV, PGY1	I found him disrespectful to nurses and female support staff. I didn't appreciate it when he would talk to me with his back turned.
Surgery: Care for Diseases and Conditions	
The resident demonstrates effective interpersonal and communication skills that result in effective information exchange with their patients and their patients' families.	

Subject: Joseph Papin, IV, PGY1	Abysmal communicator. Complaints numerous
Subject: Joseph Papin, IV, PGY1	I've seen only positive information exchange between Joe and patients/families. I've heard reports, though, of interpersonal and communications skills, generally, that were less than satisfactory.
Surgery: Performance of Operations and Procedures	
The resident demonstrates knowledge of operative procedures, technical skill, tissue handling and proficiency with instrumentation appropriate for their level of experience.	
Subject: Joseph Papin, IV, PGY1	I've had little opportunity to observe performance of operations and procedures.
Subject: Joseph Papin, IV, PGY1	on the limited interactions we had in the or, he did well.
Subject: Joseph Papin, IV, PGY1	Rotation goal at PGY1/intern level was to learn surgical care (CT speciality) in participating in clinic seeing patients and rounding on floor with patients, and proper documentation. Goal at this time was not specifically to participate in surgical procedures, although intern could if he/she had time once his other responsibilities were completed. Was however observed with a higher level resident in placing a sterile dressing post sterile procedure on a patient, and observer (Nurse educator for unit) offered to teach intern how to properly apply a sterile dressing using sterile technique. The nurse educator reported intern replied that he didn't need to know how to do that.
Subject: Joseph Papin, IV, PGY1	i did not work with him in the OR
Surgery: Performance of Operations and Procedures	
The resident communicates effectively, efficiently and professionally in the operating room.	
Subject: Joseph Papin, IV, PGY1	I've had little opportunity to observe performance of operations and procedures.
Subject: Joseph Papin, IV, PGY1	Did not personally observe intern in OR, as this was not the goal of this rotation (as a PGY-2 his focus on CT surgery rotation will purely be to participate in surgical procedures and complete consults). I did instruct on procedure and was present and he did follow instructions well in this instance. However, in several instances was instructed by myself and fellow to perform a procedure (after I signed out for the day) and he failed to perform the procedure as ordered by the attending, so it did not get done. Also, I offered to show him how to perform the procedure and he walked off, stating he would ask the fellow if he needed to do this. I spoke with fellow and he advised that he directed him to perform the procedure (was a twice daily medication dosing via chest tube and I had performed the am procedure, and the pm procedure fell at a time after I leave in afternoon).
Subject: Joseph Papin, IV, PGY1	NA - I didn't have any experience with him in the OR.
Subject: Joseph Papin, IV, PGY1	i did not work with him in the OR
Surgery: Coordination of Care	
The resident understands and effectively utilizes resources available to ensure appropriate management of their patients and effectively communicates with the care team.	
Subject: Joseph Papin, IV, PGY1	There have been issues with care coordination, particularly for the general thoracic surgery patients. Drs. De Delva and Moremen will be in a better position to offer specific comments.

Subject: Joseph Papin, IV, PGY1	Did not communicate with CT team well, was advised first day of rotation what his responsibilities were by attending staff, and did not report to Cardiac Surgery Clinic on days responsible, as well as on multiple occasions, asking another team member perform (his) duties that he did not want to perform.
Subject: Joseph Papin, IV, PGY1	poor communicator to the team about patient plans.
Surgery: Improvement of Care	
The resident understands health care delivery and critically evaluates self and system for opportunities to improve delivery of patient care.	
Subject: Joseph Papin, IV, PGY1	I'm concerned that Joe did not respond well to feedback from Dr. Earl regarding difficulties during his July rotation in the CICU....and some of these problems persisted during this rotation.
Subject: Joseph Papin, IV, PGY1	Again the feedback from non physician team members is that Joe appears burdened to interact them and take into consideration their opinion and experience.
Subject: Joseph Papin, IV, PGY1	poor insight to his own behavior.
Surgery: Teaching	
The resident recognizes teachable moments and demonstrates an effective teaching style.	
Subject: Joseph Papin, IV, PGY1	I've had little opportunity for observation in this regard.
Subject: Joseph Papin, IV, PGY1	would be late to clinic or not show up entirely and even sometimes just disappear.

Next 25

January 10, 2017

Re: Joe Papin MD

Joe,

Concerns have been raised about your performance in several competency domains. Many of these relate to professionalism and systems based practice issues and raise concerns for patient safety. On several rotations now, in various environments to include ICU, trauma, CT surgery floor and transplant. Through each of these environments common themes through evaluations and comments have been consistent. These include concerns with:

1) Lying and being untruthful about patient care.
2) Leaving the hospital during duty hours (to exercise) – dereliction of duty
3) Unwillingness to help with tasks
4) Condescending tone to nurses and fellow residents
5) Poor inter-professional communication

These concerns are reflected in your Milestones as determined by the CCC with critical deficiencies in SBP1, SBP2, PBLI3, and PROF1.

On Tuesday, December 20, 2016 we met (with Renee Greene present) and discussed these issues. This is in addition to several other meetings (including but not limited to semiannual review, feedback from senior residents, and a meeting in late November you and I had outside OR 16). You were told that significant improvement in these areas must be demonstrated in the very near future or we would have to implement formal remediation. Based on feedback received (see attached documents) after our December 20, 2016 meeting it is evident that no improvement has been made and, most concerning, that we may have serious issues with truthfulness. Therefore, as we discussed, you are now on formal remediation and have 60 days from today January 10, 2017 to show significant improvement in the areas and competency domains mentioned above. Significant improvement means:

1) zero confirmed or highly suspicious reports of lying
2) zero episodes of dereliction of duty
3) improvement in evaluations mapped to the competencies of SBP, PBLI and PROF, and the majority of all evaluation questions be >3 (as expected).
4) Zero reports of unwillingness to complete a task unless concerns over patient safety are raised

Additional requirements:

1) Development and submission of a Personal Study and Action Plan by Jan 17, 2017
2) Bimonthly meetings with the PD to discuss progress and review feedback.

Available resources, if desired:

1) Meet with Senior Associate Dean for GME
2) Meet with office of Academic Development

Many of the above behaviors are serious threats to patient safety and therefore grounds for immediate action. If the improvements required above as determined by the PD are not met within the 60 day remediation period OR any event that seriously threatens patient safety occurs during the remediation period, then any of the following may be implemented, again, at the discretion of the program director:

1) Referral to HR and GME Office for immediate termination for safety infractions deemed egregious by the PD.
2) Non-renewal of contract
3) Placement on formal probation
4) Requirement to repeat year of training

1/10/17

Program Director Date

1/11/17

Resident Date

- was terminated on Feb. 22, 2017

Academic Remediation Protocol Checklist

Resident Name: Joe Papin

Assigned PD/APD supervisor: T. Mark Earl

Specific competency areas to be remediated: Systems Based Practice, Practice Based Learning and Improvement, Professionalism

	Completion Date
Initial meeting with PD/APD to review plan	1/10/17
Meet with academic counselor, if needed.	
Evaluation by student-employee health, if needed.	1/10/17
Meeting with Associate/Assistant Dean for GME, if needed	
Rotation / Schedule adjustments, if needed	
Submitted written personal study or corrective action plan	1/17/17
Simulation assignments	
Conference Attendance goal	
Meet with PD/APD periodically (review study / action plan) Date: ~~1/10~~ Achievement: _____ Date: _____ Achievement: _____ Date: _____ Achievement: _____ Date: _____ Achievement: _____	

Resident Signature

PD/APD Signature

6.18.14

University of Mississippi Surgery

Analysis of Trainee Comments

Subject: Joseph E. Papin, IV
Time Period: 07/01/2016 to 01/13/2017
Time Period Type: Request Date
Report Date: 01/13/2017

To Trainee Performance

Sort By: ◉ Question ○ Subject

Surgery: Teaching	
The resident recognizes teachable moments and demonstrates an effective teaching style.	
Subject: Joseph Papin, IV, PGY1	i did not get any feedback regarding this
Surgery: Self-Directed Learning	
The resident actively engages in self-directed learning using level appropriate resources.	
Subject: Joseph Papin, IV, PGY1	Seemed almost never to be prepared or recall facts from previous discussions
Subject: Joseph Papin, IV, PGY1	I've had little opportunity for observation in this regard.
Subject: Joseph Papin, IV, PGY1	Did not personally observe intern engaging in self-directed learning activities.
Surgery: Performance of Assignments and Administrative Tasks	
The resident is prompt and attentive to detail in completion of assigned tasks including conference presentations, education and patient care activites.	
Subject: Joseph Papin, IV, PGY1	Had to be reoriented to missed details almost daily.
Subject: Joseph Papin, IV, PGY1	This is a mix of good and bad. On the good side, for instance, Joe prepared well for our monthly Journal Club and was an active participant. On the bad side, though, there have been problems with patient care follow-up as well as absence at assigned clinic activities.
Subject: Joseph Papin, IV, PGY1	I focus here mainly on the patient care side of activities. Our service is complex but not burdened with a lot of patients. We have high expectations of the residents and their ability work efficiently and stay on top of all the patient care issues. Joe struggled some with this and often seemed overwhelmed.
Subject: Joseph Papin, IV, PGY1	did not follow instructions regarding communicating discharges, and follow up instructions to our team.
Surgery: Comments:	

Subject: Joseph Papin, IV, PGY1	Bright, articulate, and eager to learn and provide good care to his patients. This was his first month in his internship and there was some growing pain in how an intern/resident fits in a critical care TEAM including a number of Advanced Practice Providers (nurse practitioners) and medical students. This led to some misunderstandings and frustration from nearly all of the ICU team. On a positive note, I believe this was a learning experience and I have heard that there was resolution. How he handled the situation was a testament to his willingness to work out uncomfortable situations and succeed in his medical education and training.
Subject: Joseph Papin, IV, PGY1	I have interacted with him marginally since he rotated a lot with General Thoracic Surgery. He was always present at rounds and I think that he learned a lot.
Subject: Joseph Papin, IV, PGY1	I see some really good things here: positive attitude, friendly nature, bright, knowledgeable. But there have also been issues with professionalism that get in the way of an overall positive experience. Joe should give serious thought to this issue because it will really hinder progress.
Subject: Joseph Papin, IV, PGY1	.
Subject: Joseph Papin, IV, PGY1	Joe seems to be a good person and capable of being a good resident. I think there is a disconnect between the wanting to be a surgeon and understanding the path to get there. I hope this is just difficulty adjusting to the reality of residency training and entering the clinical environment. I hope he will take the feedback given in this rotation constructively. Otherwise, I can envision him becoming increasingly frustrated and marginalized by those he will need to be successful in training.
Subject: Joseph Papin, IV, PGY1	Very disappointed with this interns performance on CT surgery rotation. Would expect an intern being accepted to our general surgery residency to be the "cream of the crop" as is very competitive. On a positive note, his documentation was actually better than expected for an intern.
Subject: Joseph Papin, IV, PGY1	he has set the bar quite low for the general surgery residency here at UMMC. he seems to be un-teachable and lacks a general awareness of professionalism. he lacked an understanding of basic care, but refused to admit his shortcomings, and was consistently playing the blame-game when he was approached. it was a bad experience to work alongside him.
Subject: Joseph Papin, IV, PGY1	there were issues at the beginning of the rotation of him not having his assigned tasks completed so he was ready to go. This was an issue with the other residents on service. My expectation is that this will not be a trend and that he will improve upon this as he becomes familiar with our system.
Subject: Joseph Papin, IV, PGY1	Joe is did an excellent job during this rotation. He should continue to read and practice suture and knot tying.
Subject: Joseph Papin, IV, PGY1	Joe is pleasant, hard working and sincere resident. He has adequate knowledge base and has room for improvement. He is enthusiastic and eager to learn. His operating skills are on par with his PGY level.
Subject: Joseph Papin, IV, PGY1	I did not get a chance to work with Dr Papin very much this rotation, but reportedly his performance was improved according to team members and he spent a good deal of time in clinic. I did not get to evaluate his operative skills.

Subject: Joseph Papin, IV, PGY1	Would like to see more communication with the entire team and also be available to assist with floor needs : ie, sign prescriptions in a timely manner
Subject: Joseph Papin, IV, PGY1	Intelligent, knowledgable about patients and treatment plans. Needs to work on communication with nursing staff and students. Can be rude/condescending at times.
Subject: Joseph Papin, IV, PGY1	Needs to read more to begin to formulate plans for patients
Subject: Joseph Papin, IV, PGY1	Very limited exposure during the trauma rotation, with most encounters only during on call overnight. Seems on level.
Surgery: List all of your presentations, posters, papers, book chapters, etc. that you have completed:	
Subject: Joseph Papin, IV, PGY1	None this year, so far. I imagine this question is asking about this year or residency in total.
Surgery: What is your study source for general surgical knowledge development?	
Subject: Joseph Papin, IV, PGY1	Absite Review The ICU Book Schwartz/Greenfield

First 25 Next 25

University of Mississipp
Surgery

Trainee Evaluation

Evaluator:	Joseph Papin, IV - PGY1	**Subject:**	Joseph Papin, IV - PGY1
Activity:	Resident Self Evaluation	**Site:**	University of Mississippi Medical Center
Evaluation Type:	Resident Self Evaluation	**Completion Date:**	11/28/2016
Request Date:	11/09/2016		
Period:	October 2016	**Dates of Activity:**	10/01/2016 **To** 10/31/2016
Subject Participation Dates:	10/01/2016 **To** 10/31/2016		

List all of your presentations, posters, papers, book chapters, etc. that you have completed: *(Question 1 of 20)*

None this year, so far. I imagine this question is asking about this year or residency in total.

What is your study source for general surgical knowledge development? *(Question 2 of 20)*

Absite Review
The ICU Book
Schwartz/Greenfield

How do you allocate time for studying? *(Question 3 of 20)*

One hour per day minimum, not including mini-study sessions on conditions with which I am not familiar. I generally find time during the day or after sign-out to study.

What do you do to maintain a healthy mind and body? *(Question 4 of 20)*

I lift like a prisoner and run like I stole. Engaging with family and friends rounds out the rest.

Do you exercise regularly? *(Question 5 of 20)*

Twice daily, every day

What is your "outlet" outside the hospital? *(Question 6 of 20)*

The gym, running, prison rules basketball, hanging out with friends and family, binge watching television on my days off, andreading (both for pleasure and education).

How are you doing with **time management**? *(Question 7 of 20)*

Great

How are you doing with **efficiency**? *(Question 8 of 20)*

Great

How are you doing with **inter-professional and patient/family interactions**? *(Question 9 of 20)*

Patient/family interactions- very good
Inter-professional- Residents/faculty- also very good
Nurses/mid-level providers evidently find me aloof and "above certain tasks"

How are you doing with **technical skill**? *(Question 10 of 20)*

Learning every day

How are you doing with **professionalism**? *(Question 11 of 20)*

Save for a very select few set of interactions, I have always had positive interactions with patients and staff.

Done

3 of 4

Today 18:15

You know you patient was coding before 6...

Not sure how I'd know. It's not like we get paged or anything for rapid responses. This message seems overly accusatory. Will texted me at exactly 6 PM and I saw it after I was in my car

Do you mean the code blue that was called over the PA as I was walking out the door? Just know I'm pretty pissed off about the implication when I was standing in the fucking lounge with you

Yes it was your patient. Just letting you know that it's not a great look to leave as the patient you have is coding. I don't really have the time or effort to have a full text

Done

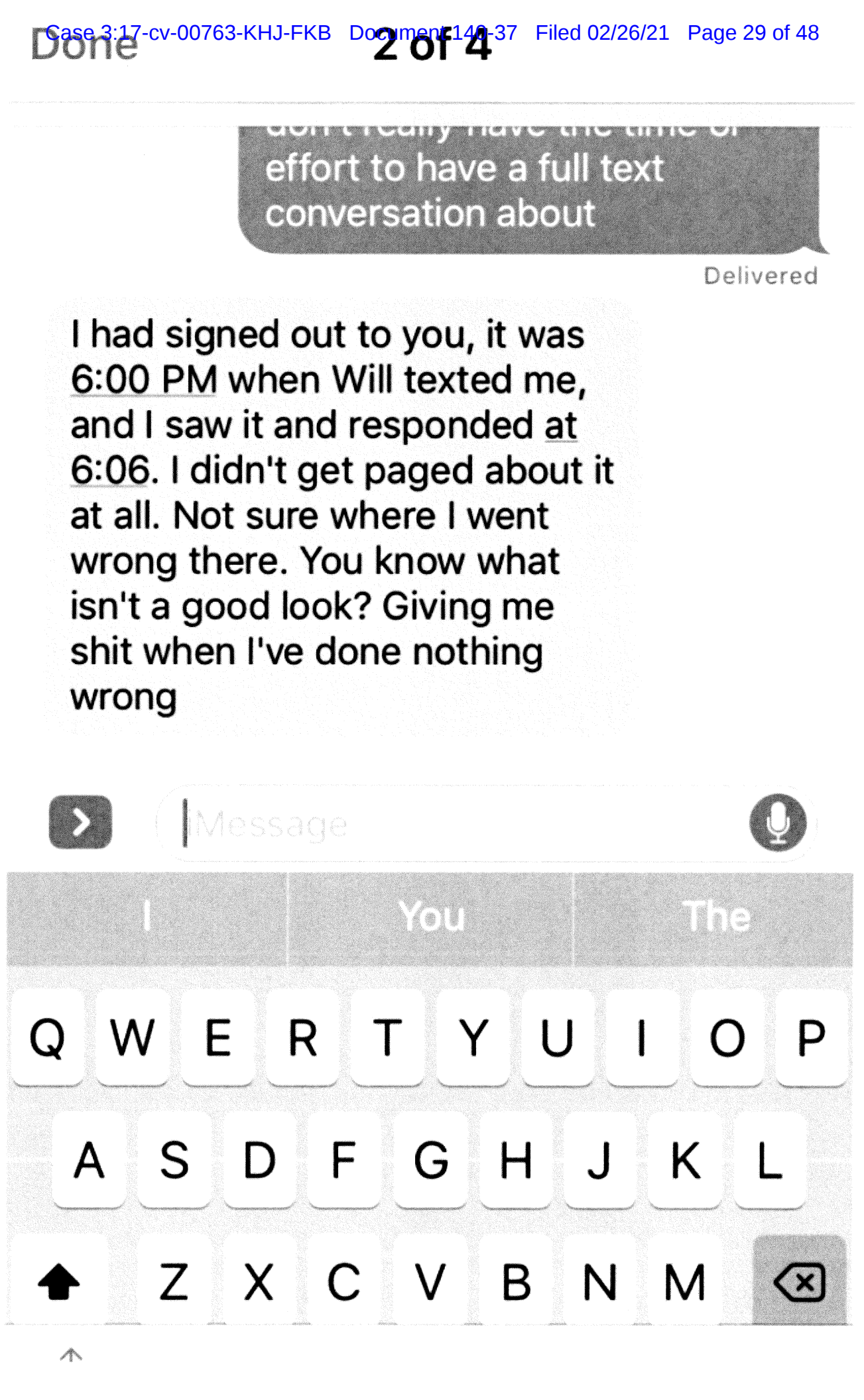
4 of 4

Do you mean the code blue that was called over the PA as I was walking out the door? Just know I'm pretty pissed off about the implication when I was standing in the fucking lounge with you

Yes it was your patient. Just letting you know that it's not a great look to leave as the patient you have is coding. I don't really have the time or effort to have a full text conversation about

Delivered

I had signed out to you, it was 6:00 PM when Will texted me, and I saw it and responded at 6:06. I didn't get paged about it at all. Not sure where I went wrong there. You know what isn't a good look? Giving me shit when I've done nothing wrong


Done
2 of 4
effort to have a full text conversation about
Delivered
I had signed out to you, it was 6:00 PM when Will texted me, and I saw it and responded at 6:06. I didn't get paged about it at all. Not sure where I went wrong there. You know what isn't a good look? Giving me shit when I've done nothing wrong
iMessage
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Q W E R T Y U I O P
A S D F G H J K L
Z X C V B N M

In the Matter of:

RE: DR. JOSEPH PAPIN

DR. JOSEPH PAPIN, AUDIO TRANSCRIPTION OF

January 27, 2017

844.533.DEPO

IN RE: DR. JOSEPH PAPIN

APPEARANCES:

Pat Whitlock

Brenda Traxler

Joseph Papin

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MS. WHITLOCK: Today is Friday, January 27th, 2017. It is 4:10 p.m. This is Pat Whitlock, and I realize I'm being recorded.

DR. TRAXLER: And I'm Brenda Traxler, and I understand I'm being recorded.

DR. PAPIN: I'm Joseph Papin. I understand I'm being recorded.

MS. WHITLOCK: Okay. Thank you, Dr. Papin, for coming over. As I indicated, we -- this is a fact-finding session for us, and so we will ask you some questions and then just allow you to give us some information.

I serve as the HR business partner for the graduate medical education office, and so Mollie Brasfield, who is the director over our group, and I met with Dr. Earl and Dr. Barr a few weeks ago, and Dr. Earl had quite a few concerns about some of your interactions, some of your actions, both with patients and with some of the other staff. And so just, if you will, just give us a synopsis of how long you've been here, what you've been doing, what your interaction has been, what kind of feedback you've been given.

DR. PAPIN: Sure. So I've been here

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since July 1st. I'm a first-year surgery intern, first-year surgical residency. And you're asking like the nature of my interactions?

MS. WHITLOCK: Uh-huh.

DR. PAPIN: I mean, I'd say they're usually mostly positive, and seems like it's been progressing through the year. I had like a little bit of a run-in with one of the nurse practitioners at the beginning, my first month actually.

MS. WHITLOCK: What happened?

DR. PAPIN: Josh David, he's a nurse practitioner. He got kind of aggressive with me. I wanted to go down to the operating room. I've been told by the attending physician that that was -- that that was fine. To my knowledge, usually when an attending physician says you can do something, they're your boss. And so I was going to go down. I guess he was upset by that because I would be absent. But Dr. Shake, who was the attending, said, you know, "This is an educational experience. This is your first month as an intern. You're not going to be really super helpful to us up here,

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so yeah, if there's no work to be done, go ahead and go down."

Josh got mad about that one day and started to get aggressive, got up, was asking where my stuff was to try to throw me out and started to get in my face. And, you know, I had to tell him, like, "Listen, you need to get out of my face right now. This is not acceptable." And then he finally calmed down.

And I told the chief resident about it that day, and they told Dr. Earl that day, and then the nurse practitioner came and spoke to me. Josh, he came and spoke to me the next day, pulled me aside and apologized, and said, (inaudible) "three times. Sometimes I have some trouble controlling my anger." I said, you know, "Don't worry about it. No problem at all."

But I feel like ever since then my interactions have been kind of jaded. Like, I'll -- you know, I don't -- I've never raised my voice to anybody. I've never cursed at anybody. I've never, you know, belittled anybody in any way. I've never had any sort of, like, an interaction that I or I think anybody

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else would -- would deem out of the ordinary or inappropriate or anything like that. But ever since then, I felt like there's been some complaints. And then this is not to say that I'm completely innocent in this at all because I think I can sometimes come off as curt or just kind of short when I speak, and there might be some cultural differences because I'm not -- you know, I'm not from the deep south. Although I love Mississippi, but I'm not from the deep south.

MS. WHITLOCK: Where are you from?

DR. PAPIN: I'm originally from Florida and then I went to medical school in Michigan, so I've been having to learn -- you have to just -- just the pleasantries and everything like that. Not that I'm not pleasant or anything, but you have to go a little bit extra -- the extra mile to really try and let everyone know that, you know, that you're not a jerk, I guess. So, you know, I've been trying to do that and everything like that, but I felt like ever since that interaction, every once in a while I'll hear from Dr. Earl, and then -- I don't hear from anybody else. There's no nurses

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or anything or other residents or anything else like that tell me, like, "Hey, you're being a jerk. You need to stop this," or anything like that. But I'll hear from Dr. Earl. I mean, he told me he solicits feedback directly from them. And I've also heard that they go directly to him, but, you know -- it rose to the occasion where he was -- that my behavior was so erratic that he drug tested me. Never in my life have I been told that my behavior was so erratic. I think a lot of it stems from he just doesn't -- I don't know, there's some sort of disconnect because I can tell you, like, I've been alive for 28 years. You know, I got through medical school, and I feel I'm a pretty approachable guy.

MS. WHITLOCK: You know, this is a teaching institution and a teaching environment, and the role of the nurse practitioner is really critical. I have seen this in several instances now. You have gone through medical school. You're still in more advanced training, and sometimes nurse practitioners, because of the roles that they do, they feel, and they're told this, that a part of their responsibility is to

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help with your education. So I have seen some disconnect sometimes when the nurse practitioners feel that the house officers are not affording them the respect that they feel they earned.

DR. PAPIN: Right.

MS. WHITLOCK: And then the house officers feel that, well, you are not my boss. And some of the reports that have come back from you is that -- come back on you regarding you is that you tend to be a little condescending with the nurse practitioners.

DR. PAPIN: That's what I've heard, and I -- you know, I --

MS. WHITLOCK: We don't consider that --

DR. PAPIN: Like I said, I'm not -- I think what happened was I came out of medical school and I didn't really know the hierarchy. You know, I was kind of like going out of the military, coming out, you're a first lieutenant, yeah, you're a commissioned officer.

MS. WHITLOCK: What kind of orientation do you get or what kind of process do you go through for acclamation where they

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tell you who to go to for this, who is supposed to appoint you with this process? How does that work?

DR. PAPIN: It's kind of like on a case-by-case basis. So we do an orientation at the beginning of the year, and we're told very briefly certainly that I -- I needed -- because, you know, all these interactions are (inaudible) or anything like that. This is my first real experience in, you know, a large organization like this. And then, you know, you're told at the beginning of each rotation, you know, Dr. Shake is going to be the attending. He's going to be the one to go to with issues. If you ever have any issues, go to your chief resident, things like that. But, you know, case-by-case basis. I think that was another issue because I was trying to speak to Dr. Shake because I was the first one to go through this rotation. I was the first resident ever to go through this rotation, so it was brand new. I was kind of -- and there were issues coming up where -- like Dr. Shake would say something, you know, it was okay -- like, for example, it's okay to go down to the operating room. And, you

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know, I took that as gospel. If your boss says it's okay to do something, if there's nothing else to do, go ahead and go down, so I would go and that would upset the nurse practitioners. They didn't say anything for a while. And then they started to say things, and I tried to speak to Dr. Shake and actually did speak to Dr. Shake. I told him I think we need some clarification here because I'm happy to do whatever I'm told, but I'm hearing one thing from you and one thing from them. And he just basically said, you know, "You're here for educational purposes. It doesn't really matter. I don't care how many, you know, arterial lines you put it or whatever, you'll get plenty of those throughout your training. I want you to do whatever is educational for you." So he didn't really clarify anything.

MS. WHITLOCK: So was that ever communicated to the nurse practitioners? Because another one of the concerns that was brought forth was that you refused to do things when you're asked. You know, for instance, when there are tasks that you could assist with and if a nurse asks for you to do that, you refused.

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You tell them, "You're not my boss."
DR. PAPIN: No, I mean, I've never ever -- the only time I ever said that was when Josh was like getting aggressive because I told him, "Well, I'm going to go down to the operating room." And he said, "No, you're going to stay up here." And he said this in a very aggressive manner. Like I'm not an aggressive guy, but he was definitely very aggressive. Stood up, was getting in my face. To the point I had to like stand up and back away.
MS. WHITLOCK: So was there anyone who witnessed that exchange?
DR. PAPIN: Yeah, Marita Walton was in there. And I kind of had to --
MS. WHITLOCK: Who is that?
DR. PAPIN: She's another nurse practitioner. And, you know, I kind of had to back him down, like, "Listen, you need to calm down. This isn't acceptable the way you're approaching me."
And he's like -- And I'm backing up because I don't want -- want any sort of conflict. From that point forward, it's fine, but I don't think it was fine because -- things

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forward -- that was the cardiac ICU, and then the next month I was in cardiac thoracic surgery, which is kind of an extension of that, so it was kind of the same people, same players and, you know, and I hear things.
But going back to your question about declining tasks, I've heard this before, and the only time I ever declined to like, "You're not my boss," was when I told Josh -- he was telling me, "Now, you're going to stay right here. You're going to stay, and you're going to do this." I said, "Respectfully, I was told something by the person that I'm told is my boss, Dr. Shake, and he said this, and if you would like to go clarify it with him, I'm happy to go with you. We can get him on the phone. Whatever you want to do."
He said, "I don't care what Dr. Shake said. This is what's going to happen."
I said, "You're not my boss," you know, finally at that point.
And then he was starting to get aggressive at that point. But that's the only time I've ever -- and that wasn't even declining a task. That was just declining being told

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something, you know. And I did try to seek clarification on this beforehand. I had met with Dr. Shake. I'm sure he would attest to that too. A lot of the issues I think arose that it was the first time a student -- or a resident had gone through --
MS. WHITLOCK: Sure. I think it was. So share with us, then, an incident when supposedly a code was called and it was your patient but you did not come to check on it.
DR. PAPIN: Oh, yes, ma'am. I remember that very vividly. I was -- are you familiar with the way codes are called?
MS. WHITLOCK: Uh-huh.
DR. PAPIN: They call them over the PA, code blue, second floor. That's all they'll say. So at 5 o'clock -- this is the first time this has ever happened to me. At 5:00, I was signing out. I signed out, and overhead it said 5:01 -- I remember this very vividly actually because it was 5:01. It said, you know, code blue, third floor. And I didn't think anything of it. I mean, I was already leaving, and that's not to say, you know, anything, but, you know, I was walking out the door. I heard -- I

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heard on the overhead it said third floor, code blue. I was down in the surgery lounge, which is by like the McDonalds, if you're familiar with that area. It was all the way on the other side. But again, I didn't know it was my patient at all. All I heard was the code blue, and for some reason, it just didn't process. I spoke with the chief resident about it afterward. She talked to me. I was the one that brought it up to her because one of the interns had spoken to me about it. I said, you know, I apologize profusely. I was just walking out the door. I was -- it was an absentminded mistake and never happened again. It was kind of an odd -- it was exactly as you're walking out the door for it to happen, but, yeah, there was a code blue called. Evidently, it wasn't -- I mean, the patient didn't end up needing any sort of lifesaving measures, which doesn't mitigate anything, but I just didn't know.
MS. WHITLOCK: There's also a perception that you're always in a hurry to leave. So tell me about what a typical day is like for you if your hours are extended or if when you've done so many things you are free to

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go. How does that work?
DR. PAPIN: Like what the normal rules are? Yeah, the schedule is you're supposed to show up at 6:00 a.m., but really you have to be there beforehand. You can't show up at 6:00, you know. Generally at 6:00 a.m., get there at 5:30 generally, and then depending on the rotation, you're either done at 5:00 or 6:00 p.m. And, you know, when the work is done, you're able to leave and sign out as long as it's after 5:00 or 6:00 p.m., depending on the rotation that you're on. I mean, I'd never say that I've -- that I'm in a hurry to leave. And actually this is the first I have ever heard --
MS. WHITLOCK: So no one has ever said anything to you about that?
DR. PAPIN: No, ma'am. Never actually. This is kind of like a pattern -- I'm not trying to -- because I'll speak to Dr. Earl because I generally want to get better. I'm happy to be here. I'm thrilled to be a resident here. And I'll tell him, I'll say, "Dr. Earl, you know, I feel like some of the things just doesn't make sense that somebody would, rather than speak to me directly, go over their own

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head and speak to you and then you don't really know the story and you tell me, and, you know, I would just appreciate feedback." He'll say, "Listen, Joe, the nature of feedback in surgery is a sign in the operating room where you've messed something up or, you know, somebody doesn't ask you a question anymore after you messed something up. Or it's really nonverbal." And, you know, I didn't say anything to him, but it just doesn't really make sense. I'm genuinely wanting to get better. I don't understand why there's this pattern of going to him and then whether he decides to tell me or, you know, or go to the GME now or whatever, you know. Like, for example, we met right before (inaudible), Dr. Earl and I. He didn't mention that he was going to be going to HR or anything like that. I mean, we had plenty of time to speak. He didn't mention a lot of these concerns actually with me. And I would have been happy to address them.
MS. WHITLOCK: He expressed to us that he did meet with you and that he shared because he has been given instances of various things. So tell me about you leaving during

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your regular workday to tell people you're going to exercise, that you're going --
DR. PAPIN: Right. Right. So that -- that happened one time. And I had a conversation here. I asked my chief resident, I said, "It's really a slow day." I'm paraphrasing. "It's been a slow day. Do you think it's okay to take my pager and go for a run around the campus, around here?" She said, "Yeah, just bring your pager. You'll be fine to go."
So I went for 15 minutes and came back; didn't miss a thing. Dr. Earl kept bringing that up. I told them in my action plan, which is written, I told them everything. You know, other residents have been allowed to go. I'm not -- I'm not -- I just thought that that was kind of an okay thing, and evidently it is with more seniority, so I kind of learned the system. But I had permission and I had the written conversation here, which if you'd like to see it, I can bring it out.
MS. WHITLOCK: Well, and these things -- all of these things equal up to being important, but some of those greater concerns

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that have been shared with us have to do with patient safety.
DR. PAPIN: Yes, ma'am.
MS. WHITLOCK: And so there was one incident where the patients are supposed to be checked and you had indicated that you had seen this patient, but this patient had a stage four decubitus wound and you never mentioned that. Do you recall that situation?
DR. PAPIN: I -- I'm not 100 percent sure because this was never communicated to me. So Dr. Earl told me, "You said you had seen a patient and you didn't and it resulted in direct patient harm." But he didn't tell me who the patient was, what the direct harm was to the patient.
MS. WHITLOCK: Well, the version we got was after someone else discovered the wound, then you said, "Oh, yeah, that patient does have a wound." But the premise is that with it being stage four, you should have seen it. That would not have occurred over a period of a day or two. That's something that would occur for a long time.
DR. PAPIN: Right. Right. No,

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you're right. And, I mean, if it's -- like I said, I can't comment because I don't know exactly which patient this is. I have a good idea who I think it is, and they have been seen by the wound nurse and being seen and the pictures had been taken, and, I mean, so it wasn't just me saying that. I mean, I think it was more of a gap in knowledge than -- you know, it didn't look like floridly terrible or anything like that because if it is the patient that I'm talking about, the wound ostomy -- this is the day before I went on Christmas vacation, and the wound ostomy nurse put in the note that day, and I had seen it too. And I didn't think --

MS. WHITLOCK: But you had not -- but you had not voiced that it was there and supposedly you had been seeing that patient.

DR. PAPIN: Oh, I had been. So we alternate. I'm not the only resident, so I mean, there was me, there was Willbrook, and there were nurse practitioners that alternated every day, so I wasn't the only person seeing this patient. And, yeah, I seen it and I didn't think it was that -- it was that bad, so, I

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mean, it was an issue of knowledge, I think, maybe. I think stage four sounds bad, but when you -- when I was looking at it, I just didn't think it was that bad.

MS. WHITLOCK: That's bad.

DR. PAPIN: She asked me, she said, "Oh, yeah, it doesn't look that bad." The wound ostomy nurse dropped in a note. The wound ostomy nurse didn't mention anything about needing any sort of surgical intervention.

MS. WHITLOCK: Yeah, well, the version that we got was that there was.

DR. PAPIN: He eventually -- he eventually needed debridement.

MS. WHITLOCK: Yes.

DR. PAPIN: But I'm saying like the specialist -- these wound nurses are the ones who specialize in that. I can probably -- if he's still at the hospital, I guess I can pull it up. December 23rd -- if it is him. The 23rd where she wrote her notes and recommendations, took pictures, documented everything. So, I mean, you know, I think I just didn't recognize that it was that bad.

MS. WHITLOCK: Uh-huh.

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DR. PAPIN: But also at the same time, I kind of had backup with the specialist in those types of wounds, so but, again, this wasn't communicated to me, and, you know, like I said, you know, I take full responsibility. I should have had the knowledge and I should have really explored it better, you know, but that wasn't for a lack -- that wasn't for me not caring or seeing the patient, but I don't know. I mean, from your point of view, I know you can't comment, but there's these things -- like Dr. Earl, it's difficult to improve. And I've asked him for feedback, and he mentions this all the time, "All you do is ask for feedback." Well, you know, sometimes I feel like I get jumped with these things. I want to do well in this program, and the first I'm hearing of this is from you. He told me -- what he told me was, "You didn't see patients, you didn't do an exam, it doesn't matter who the patient was, it doesn't matter who said it, and it resulted in direct patient harm, and it doesn't matter what the direct harm was." But it does. If I'm responsible for something happening to somebody, I would really want to know so it never happens

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again, but the nature -- the nature of our interactions, I can't quite -- there isn't any question wanting to know to get better, but he feels that I'm questioning him. I think that's kind of impairing a lot.

MS. WHITLOCK: Well, another concern is that you indicate that you've gone on rounds when you actually haven't seen the patient.

DR. PAPIN: Right. He mentioned that, and I still don't know what he's referring to because I categorically deny ever saying I've seen a patient and not seeing a patient.

MS. WHITLOCK: And what about charting, including all of the notes on patients? There's also a concern that you don't do that, but you indicate you have, so there's a lack of trust in your truthfulness.

DR. PAPIN: That I -- that I've written a note?

MS. WHITLOCK: Yes.

DR. PAPIN: That's brand new to me.

MS. WHITLOCK: So have you never been told -- you didn't write notes on these patients who were assigned to you?

DR. PAPIN: That's right. I've never

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been told that.
MS. WHITLOCK: So you've never been sent to the education administrator's office to take care of some notes that were missing? Renee Green, you've never been sent to her office?
DR. PAPIN: No. She -- I mean, I had to go to her office, but we log cases, so when you go through a surgery program, when you go through a case, you're supposed to log them.
MS. WHITLOCK: And that's -- perhaps that's what I'm referring to.
DR. PAPIN: Oh, okay, yeah, but that's not like a patient logging -- but that's not for documentation purposes for the patient. That's for documentation purposes for my own training.
MS. WHITLOCK: Are you supposed to do that at a specific interval?
DR. PAPIN: More frequently than I had been, but that isn't like on the patient side. That's just for me to show, okay, I've done a hundred cases this year, for example.
MS. WHITLOCK: But had you indicated that you had done them, that you had logged on?

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DR. PAPIN: No. No. She said -- I mean, they can tell. They have access to the system, so they can see, okay, you're falling behind. Is this how many you have actually done? I would say no. You need to do them. Okay. I'll go ahead and do them, and I just forgot. She called me -- I wasn't the only resident that this happened to.
MS. WHITLOCK: So why do you think these multiple concerns are being brought forward?
DR. PAPIN: Well, I mean, there's -- I guess there's a concern that I'm not, you know, up to par as a resident, and that's -- and I can tell you honestly that I do want to improve. I do --
MS. WHITLOCK: So what do you think it would take for them to regain trust in -- there's no question about the potential in the ability, the capacity that you have, but there is concern that the motivation is not there, the truthfulness is not there. It's almost like a cavalier-type attitude that, well, that's not my patient. Or, yeah, I did that, but then they go back and check their records and they find that

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there's something missing. So what do you think needs to be done in terms of support for you so they can feel assured that this person should be in this program, this person will make a fine surgeon, and this person is doing everything that he possibly can so we can help him? What do you think that would take?
DR. PAPIN: Well, I mean, I've expressed to them, you know -- I've never lied about patient care. That's something that I have never, ever, ever, ever lied about patient care. So, I mean, I don't know exactly what more I can do for them other than just to meticulously document everything, you know. But even then -- you know, so when it comes to that, I mean, this is all -- the lying thing, I mean, if you will, the action part -- the document he sent to me where what he's requesting (inaudible). The lying thing -- and I wrote that on my action plan as well. I've never lied anything to do with patient care. And it seems to me -- I mean, honestly, I want to be here. I want to succeed as a resident. I mean, I put nine years of work, hundreds of thousands of dollars into this. I don't know how, you know,

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much more I can express that I want to do this. You know, I've got medical school debt, if for no other reason, right? But, I mean, I want to be a surgeon. I want to do this. I'm happy to wake up every day.
But to be honest with you, I mean, I feel like a lot of the time I developed this reputation early of being cavalier. I don't know where that's come from because I get all my work done. I mean, I've never -- like things just come up and they don't come up from the people directly. They just come up -- like, you know, you're giving me the information I didn't chart or something like that, but you weren't in the situation, and that's what it is, it's difficult for me to improve on -- without knowing exactly what happened, and that's not a fault to you. I mean, it's just not firsthand information. So for me to succeed, I mean, if someone has an issue -- I've told this to Dr. Earl's office too -- please tell me. I want to improve.
MS. WHITLOCK: So you have been here since July?
DR. PAPIN: Yes, ma'am.

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MS. WHITLOCK: What kind of formal feedback do you get? You're going to be here four years or five years?
DR. PAPIN: Five total years.
MS. WHITLOCK: Five total years.
DR. PAPIN: Yes, ma'am.
MS. WHITLOCK: So during that period, is there some kind of formal testing that you have to go through, some kind of exams or do you periodically get feedback from your program director or someone else in the program?
DR. PAPIN: Yes, there's semiannual feedback.
MS. WHITLOCK: Have you got any of that yet?
DR. PAPIN: Yes, I had one with Dr. Earl before. So those are formal. Those are scheduled. Everybody gets those. And then he's had a few where he's called me in about --
MS. WHITLOCK: What's been the nature of those and what do they evaluate you on?
DR. PAPIN: Just a whole bunch of medical knowledge, patient care, professionalism. There's been a few others, but I'm just forgetting it. But he is -- the past

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few have been concerns with professionalism. It's not like --
MS. WHITLOCK: And what did those involve?
DR. PAPIN: Just the nature of my demeanor with nurses generally. And I've tried to improve that, you know, just trying to be -- like at the end of the day when you're answering your 150th page -- I mean, I feel like I'm not rude, but there's definitely room for improvement. So I try to notice -- you just notice, okay, they don't know that you've just answered 150 pages or whatever, so just try to be extra polite and everything like that, and, you know, and again, not to deny anything at all, but I think the cultural thing, I think. Like I've been told a few times, "Oh, you're a Yankee or you're a northerner."
MS. WHITLOCK: A northerner is not exactly --
DR. PAPIN: Well, no. Exactly.
MS. TRAXLER: Didn't you say Michigan?
DR. PAPIN: Well, I mean, only medical school.

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MS. TRAXLER: Because I'm from Illinois, so, I mean, I get what you're saying. I'm adjusting to, you know, first of all, don't get into it until you've said, "Hi, how are you doing?"
DR. PAPIN: Exactly. Yes. Yes. Yes. So I've had to learn to, you know, like, "Oh, hey, would you mind grabbing this? Hey, how are you doing?" Things like -- the pleasantries that you have to add in that I'm just not used to. There's a component of that. I've been working hard to add that in. And it seems simple, but it's like a complete change to my every interaction with everybody. But I'm happy to do it. I want to succeed here.
But generally was my demeanor, and I mean, I'll tell you never in my life have I ever had -- I've never had a problem with interacting with people. I've never -- can pull up all my medical school evaluations, they're all here. My professionalism was always great. And that's not to say that I'm not having problems here. You know, because there are certainly things -- okay. Like I said, I think I came in and what started like first the military. I came in like

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a first lieutenant, you know, a commissioned officer essentially, but I had no experience. And then all the noncommissioned officers, kind of like the nurse practitioners, where they're on the front line seeing everything, taking care of patients, I think I might not have given them the respect that they should have been given to begin with, and that was kind of what set off the cascade. And, again, that's not to say that I --
MS. WHITLOCK: So how many rotations have you been on?
DR. PAPIN: Every month is one, so six.
MS. WHITLOCK: So you've basically been with a different group of people every month?
DR. PAPIN: Right. And what's telling, and I feel like I'm giving off the impression that I'm kind of denying things, and I'm not, but whenever I'm on -- like I was at the Veterans Administration, I had great evaluations and interactions, you know, and it's a separate entity from the hospital. Or, you know, so like when I'm kind of away, it's fine.

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It's not me. I just think -- oh, and I know -- and I've seen it, like the reputations can get around and people talk --

MS. WHITLOCK: People talk.

DR. PAPIN: Exactly. So, you know, I'm having a little bit trouble escaping it to be honest. Like I said, I never had an interaction with somebody -- I mean, this is 99 percent of the complaints that I hear from Dr. (Inaudible) hear them from essentially is my demeanor, I'm kind of short or I mean, he's not given me much more information other than I need to be more professional. And I'm working on that, but, you know, it would just be really helpful if I had more specific feedback. Because I'm not denying it, but I'm talking to you like I normally talk to people. I don't -- I don't -- I feel like I'm friendly and I get along with most people, and all of a sudden, just complaints come out of nowhere. Like I was --

MS. WHITLOCK: So when this feedback is given to you, are you ever given the specifics of which patient it was or which nurse practitioner or what day or when these things

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occurred?

DR. PAPIN: Never, ever am I ever given that. And Dr. Earl -- and this is kind of a cultural thing with surgery. With surgery, it's kind of you're told something and it's more militaristic in that regard. If you're told something, that's gospel. You don't question it. You don't say anything. You know, whatever they tell you is what it is. And I think in this case -- and there's a lot -- I mean, Dr. Earl is the first to say it, there's a large movement to change that because feedback is important. It's how you become better. I mean, a sign in the operating room, okay, I messed up, but what specifically.

MS. WHITLOCK: But what did I do?

DR. PAPIN: Yeah, exactly. And that's Dr. Earl's view on it. He said, I don't want that to change, and I haven't said anything to him about that, but I think it's just fundamentally wrong.

And, you know, like knowing, for example -- like the example you said, the decubitus ulcer, I didn't know who the patient was he was talking about. I didn't know if he

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told me you didn't see a patient and you said you had and it resulted in direct patient harm, but he wouldn't tell me who the patient was, who said I had seen the patient, what the harm was or anything like that. It's not for the purposes of dispute. I want to know so I can get better. I don't want anybody getting sick or getting harmed on my watch when it was something that was preventable. So, you know, this is -- I take full responsibility for that, but I would just really, really -- I think it's really helpful to get feedback and be told things.

And then in terms of -- maybe you can help me, the HR specialist. I don't know how I can turn this around because I go out of my way, I'm very polite now, especially since I was back after break, go out of my way and try to be very polite. Hey, how are you doing? How can I help you? No, I have this patient, you know. I felt like the interactions were better. I don't know if there were new complaints or anything like that, but --

MS. WHITLOCK: During your time in medical school, I'm sure that once you got

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through all of the theory, when you started doing the practical applications of it, were there any similar situations where you actually were involved in patient care and there were things you were taught to do? So how did all of that go for you?

DR. PAPIN: Oh, we were -- so, yeah, the first two years of medical schools are your preclinical years. You just sit in a classroom. It's just kind of like college, just on steroids, I guess. And then you go into your clinical years. Then in your fourth year, I never had a single problem with a patient interaction with attendings. They grade you on the spectrum and professionalism is one of them, one to nine. Nine was like attending level. Eight was a senior resident level. I was always at the six or seven level. I think they actually have most of my evaluations from -- in the program, so they know. I've never had a problem with professionalism. That's not to say I'm not having a problem now, but I try to be nice. I try to be extra nice, courteous and go out of my way, and I just -- sometimes I feel like I'm playing a non-winnable game and I

really want to win it. So I don't know exactly what to do, and again, not to put any blame on Dr. Earl, but I'm not getting any help from him. He'll just tell you, "You need to improve," you know. I feel like I'm not stupid, but I don't exactly know what more I can possibly do. And I'm really trying.

Maybe what I've implemented is the right solution. Maybe from this point forward, it won't happen, but, I mean, if it ever happened again, I don't know like exactly -- you know, it's easy when someone says, Okay, you did this, and this is what happened. Okay. Now I remember what that was. Okay. So that's when I was being a jerk. I was too curt or something like that. Now I know to never to do that again. So I really do want to improve. It's not that I don't care. I'm only six months into the internship. I don't feel anybody can be that jaded. I really do care. I want to be here. I want to improve.

MS. WHITLOCK: Okay. Brenda, do you have any questions?

MS. TRAXLER: No, I don't think so.

MS. WHITLOCK: Okay. Well, as I

said, we consider this a fact-finding session. Any time concerns are brought to us, we do talk with the people involved. And then what we do is provide a summary and give that to whomever has asked us to do the investigation. And then what we do is summarize everything and make recommendations. And then whatever the ultimate outcome is, it's left up to the department. But this is a very confidential thing, and so we keep it confidential, and we ask that you do the same.

DR. PAPIN: Yes, ma'am.

MS. WHITLOCK: Okay. Do you have any other questions of us?

DR. PAPIN: I don't know it needs to be on record, what are the general -- what happens from now on?

MS. WHITLOCK: It just depends. It just depends. It depends on what -- I'm not -- I'm not familiar enough with the hierarchy in the GME office, but I would imagine it would depend on Dr. Earl and Dr. Barr, whether they determine that, yeah, he can continue in the program. It would have to be their decision, so I would imagine that they would look at all of

the possible ramifications and then they would come up with whatever they felt was best for you, as well as UMMC. But they would get back in touch with you. We would not.

DR. PAPIN: Okay.

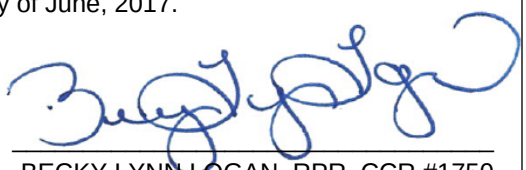
MS. WHITLOCK: Yeah.

CERTIFICATE OF COURT REPORTER

I, BECKY LYNN LOGAN, Court Reporter and Notary Public, in and for the County of Rankin, State of Mississippi, hereby certify that the foregoing pages contain a true and correct transcription of the testimony of the witness, to the best of my skill and ability.

I further certify that I am not in the employ, or related to, any counsel or party in this matter, and have no interest, monetary or otherwise, in the final outcome of the proceedings.

Witness my signature and seal, this the 28th day of June, 2017.



BECKY LYNN LOGAN, RPR, CCR #1750

MY COMMISSION EXPIRES: November 28th, 2017